

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09782466

FILING DATE

02-20-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7		✓					57						
8		✓					58						
9	✓						59						
10		✓					60						
11		✓					61						
12		✓					62						
13		✓					63						
14	✓						64						
15	✓						65						
16		✓					66						
17	✓						67						
18		✓					68						
19		✓					69						
20		✓					70						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	15	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	20						TOTAL CLAIMS						